

Provider Type 49**Provider Documentation Requirements****Indian Health Services**

| Specialty | Sub-Specialty | Enroll Type | Certification | License | Rate Letter | Rider A | Other Agency | Comments |
|----------------------------|-----------------------------------|-------------|---------------|---------|-------------|---------|--------------|------------------------------|
| 210 Indian Health Services | | FAO | | No | X | | | Contract with Indian Affairs |
| | 409 Physician Services | | | | | | | |
| | 410 Podiatry Services | | | | | | | |
| | 411 Dental Services | | | | | | | |
| | 412 Community Support Services | | | | | | | |
| | 413 DME/Supplies Services | | | | | | | |
| | 415 Case Management Services | | | | | | | |
| | 417 Physical Therapy Services | | | | | | | |
| | 418 Chiropractic Services | | | | | | | |
| | 419 Occupational Therapy Services | | | | | | | |
| | 421 Optometry Services | | | | | | | |
| | 422 Psychological Services | | | | | | | |
| | 423 Hearing Aid Dealer Services | | | | | | | |
| | 424 Audiology Services | | | | | | | |
| | 426 Services for Substance Abuse | | | | | | | |
| | 427 Nurse Midwife Services | | | | | | | |
| | 428 Psych Examiner Services | | | | | | | |